In brief

UK plastic surgery needs greater regulation: Organisations involved in private cosmetic and aesthetic plastic surgery in the United Kingdom agreed that the sector should be more strictly regulated during a meeting with the House of Commons Health Select Committee last week. There was also support for a suggestion that advertisements for cosmetic surgery should bear a warning that "all surgery carries an element of risk."

Recommended intake of vitamin C increased: US government researchers say that the recommended daily allowance (RDA) for vitamin C should be doubled or tripled in light of increasing evidence of its anticancer potential. Researchers from the National Institutes of Health said that the RDA for vitamin C should be raised from 60 mg to between 100 mg and 200 mg (*JAMA*, journal of the American Medical Association 1999;281:1415-23).

Largest GP database gets financial boost: The largest general practice database in the world—the United Kingdom's General Practice Research Database—will receive £3m in investment over the next five years for further expansion. The database, which holds anonymised clinical records of four million patients, is being taken over from the Statistics Division of the Department of Health by the Medicines Control Agency.

Source of legionnaires' disease established: A bubble bath set up in an exhibition is the likely source of the second largest recorded outbreak of legionnaires' disease, according to an investigation by the Dutch Institute of Public Health and the Environment. So far, 22 people have died, and 17 deaths have been confirmed as resulting from the disease, among 233 cases related to a flower show.

Norplant to be discontinued in the UK: The contraceptive implant Norplant will not be available after the end of October. Distributor Hoechst Marion Roussel said that this was because of disputes about the funding of new contraceptive technologies.

Antihypertensives reduce left ventricular hypertrophy

Scott Gottlieb, *New York*

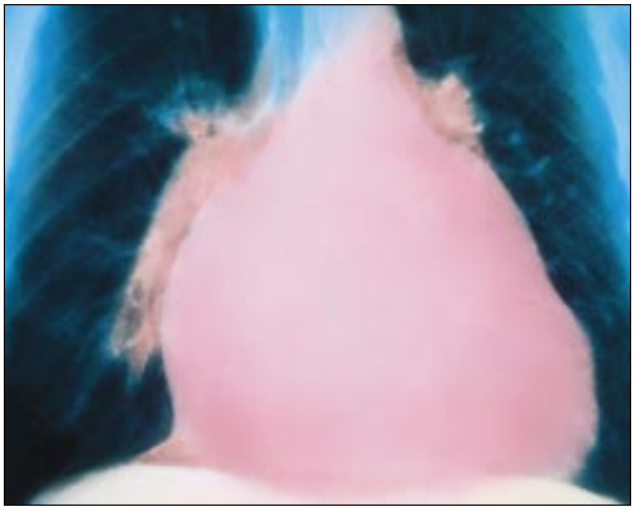
The widespread use of antihypertensive drugs in the United States since 1950 has been associated with a sharp reduction in the incidence of left ventricular hypertrophy, according to a new study published in the *New England Journal of Medicine* (1999;340:1221-7).

Rates of hypertension and left ventricular hypertrophy have been halved among men in the United States since antihypertensive drugs first became available in the 1950s. Rates of both conditions in women have been reduced even more, by about 70%. The reduction in the incidence of left ventricular hypertrophy is important because it reduces the risk of sudden cadiac death said the researchers, led by Dr Arend Mosterd of the Division of Cardiology at the Erasmus University Medical School in the Netherlands.

The findings were based on data collected from 1950 to 1989 on a total of 10 333 participants in the Framingham Heart Study who were 45 to 74 years of age at the time. Data on blood pressure and the use of antihypertensive drugs were obtained, and electrocardiograms were assessed for left ventricular hypertrophy.

The use of antihypertensive drugs increased from 2.3% to 24.6% among men and from 5.7% to 27.7% among women. The age adjusted prevalence of systolic blood pressure of at least 160 mm Hg or diastolic blood pressure of at least 100 mm Hg declined from 18.5% to 9.2% among men and from 28.0% to 7.7% among women. This decline was accompanied by reductions in the prevalence of left ventricular hypertrophy, from 4.5% to 2.5% among men and from 3.6% to 1.1% among women.

The researchers admitted that the study does not prove outright that the use of antihypertensive drugs caused the decline in the incidence of hypertension and left ventricular hypertrophy. However, they argued that other research has identified a similar pattern, with antihypertensive drugs lowering blood pressure and preventing and even reversing ventricular hypertrophy. □



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Left ventricular hypertrophy: antihypertensives have reduced incidence

Falsifying data is main problem in US research fraud review

Mark Pownall, *London*

Half of the US biomedical researchers accused of scientific fraud and subjected to formal investigations in recent years have been found guilty of misconduct, a new review has found.

In the biggest review of scientific fraud ever published, the US Office of Research Integrity, has released data on nearly a thousand allegations investigated over the five years from 1993 to 1997. The review covered inquiries into allegations of misconduct into research funded by the US Public Health Service, which has a budget of $15bn (£9bn).

Altogether, 150 cases were formally investigated after a preliminary assessment of whether there was a case to answer. Of these investigations, 76 resulted in findings of scientific misconduct—mostly falsification and fabrication but also plagiarism. Accusations of research fraud were most likely to result in a ruling of misconduct for the least experienced medical researchers, with allegations against professors and assistant professors less likely to result in a guilty verdict.

Larry Rhoades, director of the division of policy and education at the Office of Research Integrity, said that the figures suggested that "the system is more protective of senior than junior researchers," and that senior academics were more able to defend themselves against accusations. "But we do not know why there are these patterns. We hope researchers might find it interesting to look at these questions."

Dr Rhoades pointed out that the academic grade of associate professor, which is one step below the top ranking professor grade, seemed to attract the most allegations of misconduct. Nearly a third (31%) of the allegations were aimed at this grade, of which 17 out of 45 (38%) resulted in findings of misconduct.

Most whistleblowers were senior academics, chiefly professors and associate professors, and they made about half of the allegations. Dr Rhoades called for international agreement on collecting data on scientific fraud to enable those policing medical researchers to make valid international comparisons. □

Scientific Misconduct Investigations 1993-1997, is available from the Office of Public Health and Science, Office of Research Integrity, Suite 700, 5515 Security Lane, Rockville, MD 20852, USA (tel: +1 301 445 5300).